Nurses’ Perceptions of Barriers to Providing Optimal End-of-Life Care in the Critical Care Setting

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Background: One in five Americans will die in an intensive care unit. The majority of these deaths are expected deaths occurring after withdrawal of life support. Research on barriers to the delivery of optimal end of life care is necessary so that a strategy to improve care provided to dying patients and their families in the ICU can be formulated.

Objective: To explore the barriers ICU nurses perceive to providing optimal end-of-life care and investigate the effects of an evidence based end-of-life policy and order set on nurses’ perceptions.

Methods: An exploratory descriptive design using survey methods. A convenience sample of 232 medical/cardiac intensive care unit nurses at four medical centers in Monmouth and Ocean Counties, New Jersey, were surveyed. The medical centers range from a small, 176 bed community hospital to a 502 bed university teaching hospital.

Results: The response rate was 44% with 91 surveys usable from 102 respondents. Questions fell into one of four categories: family barriers, physician barriers, environment barriers, or policy barriers. The most intense and most frequent barriers were equally split between family barriers and physician barriers. Nurses with fewer years of experience as RN’s and fewer years of experience in the intensive care unit found the lack of nursing education in end-of-life care to be a high intensity barrier, despite this barrier scoring as one of the least intense and least frequent obstacles overall. The absence of an end-of-life care policy and order set was identified as a medium to high intensity barrier by 67% of respondents. The presence of a policy had no discernable effect on nurses’ perceptions of barriers in this study.

Conclusion: Family education and improved communication between families, nurses, and physicians is needed. Patients will also benefit from education for physicians and nurses in end-of-life care and communication.